

**I/DD WAIVER PROGRAM**  
**Quality Improvement Advisory (QIA) Council Evaluation**

Participant Name: \_\_\_\_\_ Provider: \_\_\_\_\_  
(Optional) (Optional)

Meeting Date: October 17, 2018 Quarter: 2nd Quarter FY 2018

The WV IDDW program is continually working to improve the quality of the program. Therefore, it is very important to receive your feedback. Please take a few minutes to complete this evaluation. Your responses will help us understand your needs and identify opportunities for improving future I/DD Waiver QIA Council Meetings. Thank you.

|   |   |
|---|---|
| <b>A</b>  | <b>Please check <u>one</u> of the following that best describes your role on the Council:</b> |
| <input type="checkbox"/> Person Receiving IDD Services <input type="checkbox"/> Parent of Person Receiving Services <input type="checkbox"/> Provider<br><input type="checkbox"/> Advocate <input type="checkbox"/> State agency/contractor <input type="checkbox"/> Other: _____ |   |

|   |   |  |   |
|---|---|--|---|
| <b>B</b>  | <b>Please examine the following responses and circle <u>one number</u> For each Evaluation Item that best describes your opinion.</b> |  |   |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">           1 – I strongly disagree with this statement.<br/>           2 – I disagree with this statement.<br/>           3 – I am not sure if I agree or disagree.         </td> <td style="width: 50%; vertical-align: top;">           4 – I agree with this statement.<br/>           5 – I strongly agree with this statement.<br/>           6 – This statement does not apply to me.         </td> </tr> </table> |   | 1 – I strongly disagree with this statement.<br>2 – I disagree with this statement.<br>3 – I am not sure if I agree or disagree. | 4 – I agree with this statement.<br>5 – I strongly agree with this statement.<br>6 – This statement does not apply to me. |
| 1 – I strongly disagree with this statement.<br>2 – I disagree with this statement.<br>3 – I am not sure if I agree or disagree.  | 4 – I agree with this statement.<br>5 – I strongly agree with this statement.<br>6 – This statement does not apply to me.             |  |   |

| Evaluation Items  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Not Applicable |
|---|-------------------|----------|---------|-------|----------------|----------------|
| 1. I feel this quarterly meeting was productive.                  | 1                 | 2        | 3       | 4     | 5              | 6              |
| 2. I feel that as a Council member my input is valued.            | 1                 | 2        | 3       | 4     | 5              | 6              |
| 3. I feel the amount of time spent for this meeting was adequate. | 1                 | 2        | 3       | 4     | 5              | 6              |
| 4. The materials presented were useful and easy to understand.    | 1                 | 2        | 3       | 4     | 5              | 6              |
| 5. The meeting location was convenient and accessible.            | 1                 | 2        | 3       | 4     | 5              | 6              |
| 6. Overall, I am satisfied with this quarter's meeting.           | 1                 | 2        | 3       | 4     | 5              | 6              |

|                         |   |
|-------------------------|---|
| <b>C</b>                | <b>Comments or suggestions for the next I/DD Waiver QIA Council meeting</b> |
| <hr/> <hr/> <hr/> <hr/> |   |